

WEEKLY EPIDEMIOLOGIST REPORT

February 26, 2024



**Central
Connecticut
Health
District**

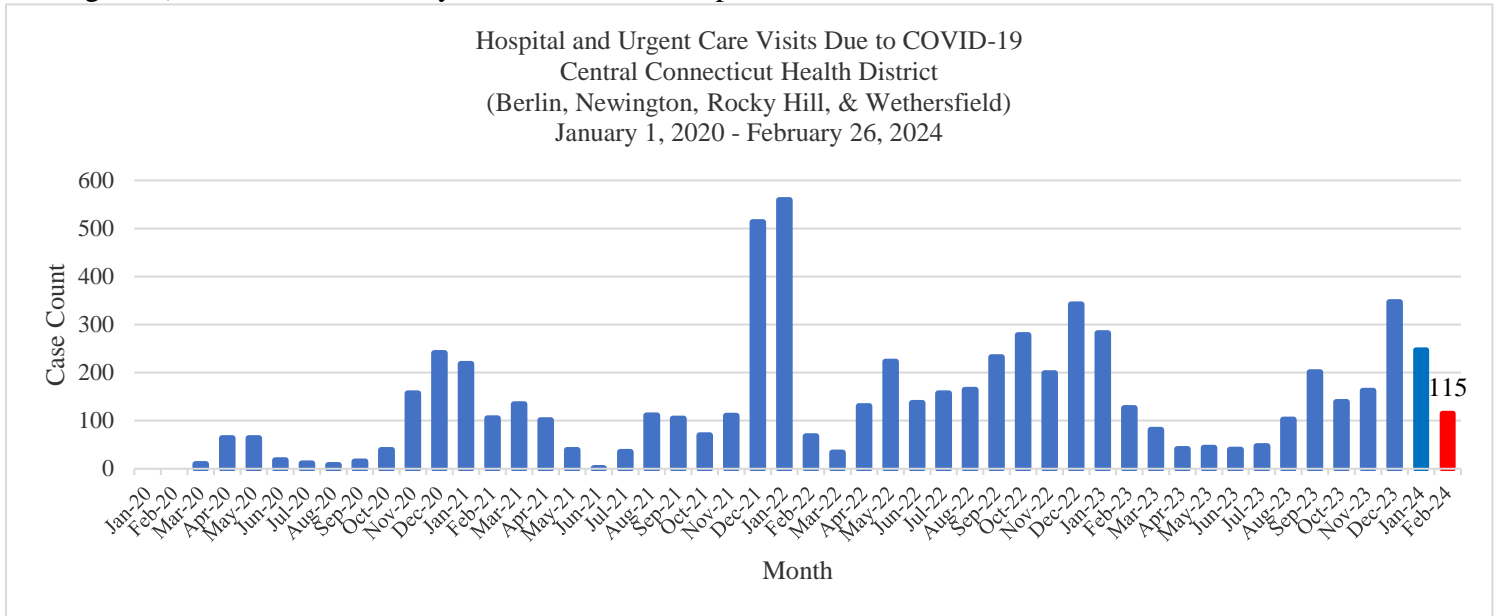
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EPIDEMIOLOGIST, Central Connecticut Health District

RESPIRATORY VIRAL SEASON

Case numbers for COVID-19, influenza and Respiratory Syncytial Virus (RSV) in our district continue to subside. Visit www.ccthd.org for an interactive graph on respiratory illness in our district. Remember, if you are sick stay home to prevent the spread of germs to others.

COVID-19 SURVEILLANCE

Data for COVID-19 is as of February 26, 2024 from EpiCenter. The bar graph below illustrates the syndromic surveillance of hospital and urgent care visits due to COVID-19 (those experiencing symptoms with a COVID-19 diagnosis) in our district. Thirty-seven cases were reported between 2/20/24-2/26/24.

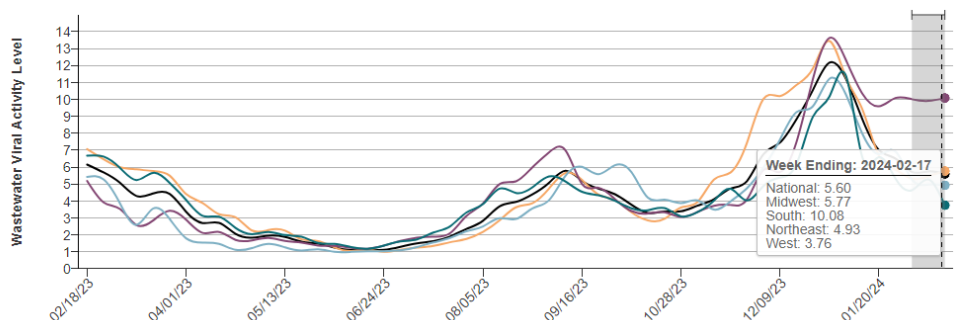


COVID-19 Wastewater Surveillance

As of February 22, 2024, the nationwide wastewater viral activity level for COVID-19 is currently **high** at a level of 5.6 (-.2 from previous reporting period) (see the black line in the figure to the right) along with the Northeast region with a level of 4.93 (blue line). Connecticut has paused wastewater surveillance until capacity at the State Public Health Laboratory has increased and additional water management facilities are onboarded to the Connecticut Wastewater Surveillance Program.

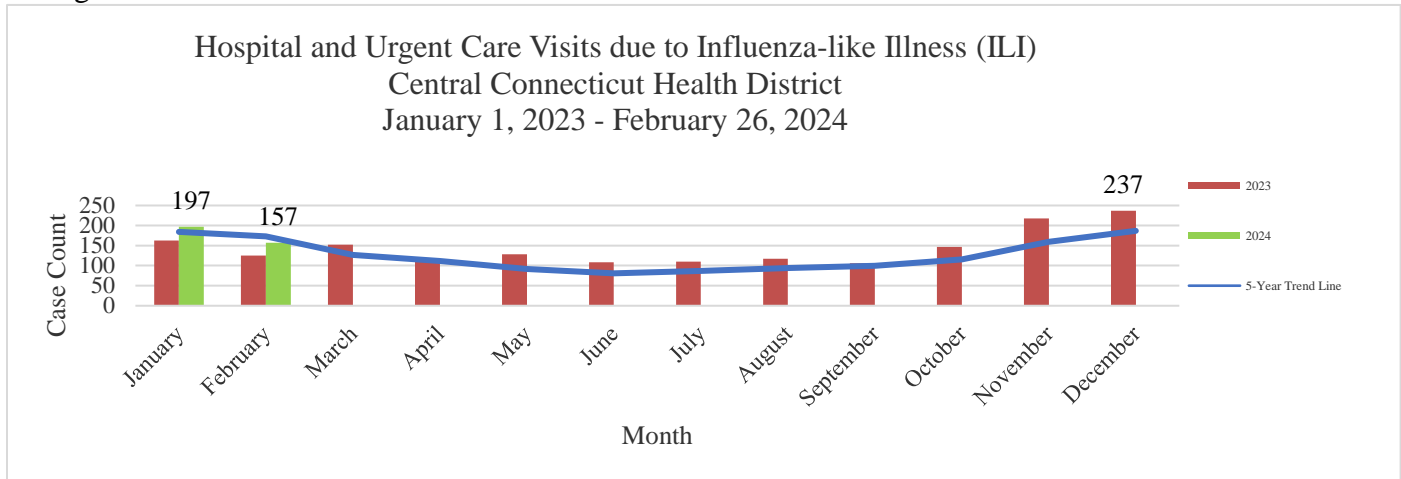
For more information on wastewater surveillance please visit : <https://www.cdc.gov/nwss/rv/COVID19-nationaltrend.html>

In the Northeast, the predominant variant sequenced in wastewater is JN.1. There is currently no evidence that JN.1 presents an increased risk to public health relative to other circulating variants (CDC).



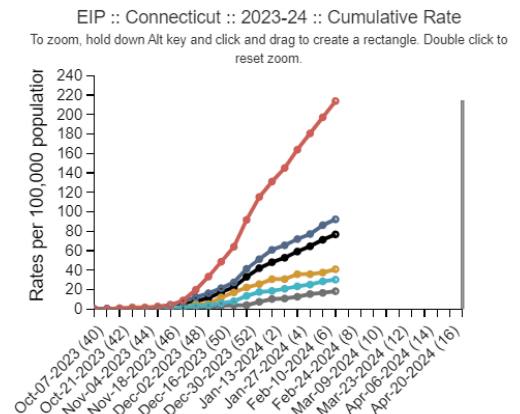
INFLUENZA SURVEILLANCE

Data for Influenza-like Illness (ILI) is as of February 26, 2024 from EpiCenter. The graph below is the syndromic surveillance of hospital and urgent care visits due to ILI five-year average trend line (2018-2022) compared to this year and last year's cases. Other circulating respiratory viruses can present as influenza-like illness. ILI is defined as having a fever and a cough or sore throat. Forty-three cases of ILI were reported during the week of 2/20/24-2/26/24.

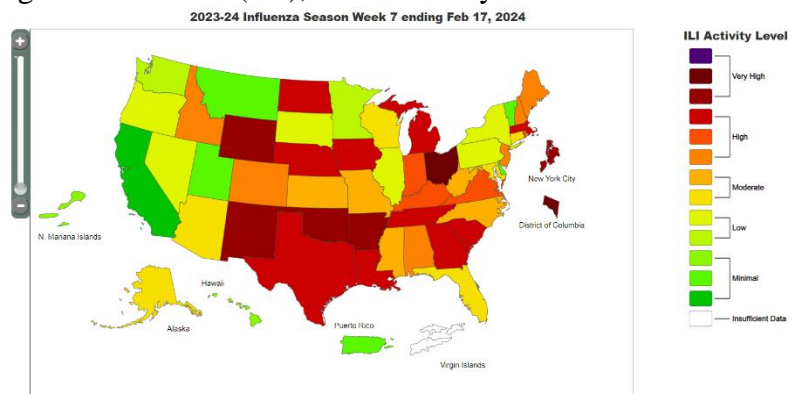


In Connecticut, the majority of those hospitalized with laboratory-confirmed influenza are those who are 65 years of age or older (213.8 per 100,000 population – red line) followed by those who are 50-64 years of age (92.2 per 100,000 population- blue line) and those who are 0-4 years of age (40.9 per 100,000 population- yellow line). Overall 76.7 per 100,000 people in Connecticut have been hospitalized due to influenza (black line). Data was last updated on February 22^h.

The figure to the right can be found at <https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>

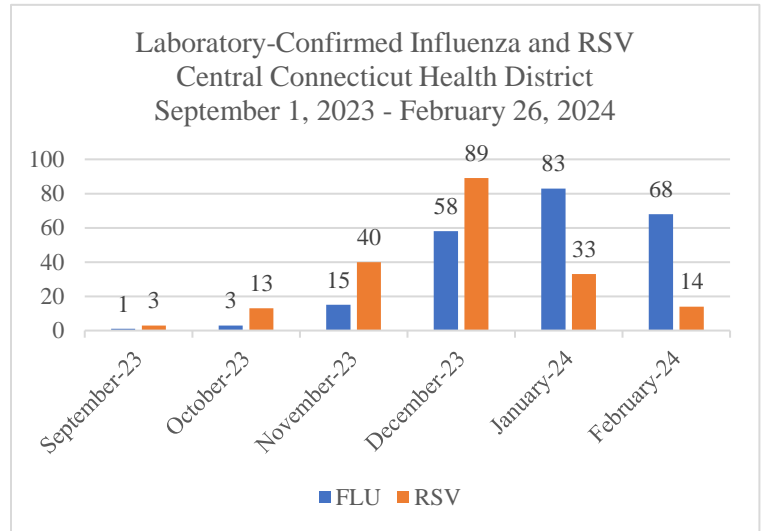


The CDC's FLUView Interactive Map <https://gis.cdc.gov/grasp/fluview/main.html> is a system that monitors visits for respiratory illness that includes fever plus a cough or sore throat (ILI), not laboratory-confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms. Connecticut's ILI Activity Level remains at the **MODERATE** level as of February 17th.



RESPIRATORY SYNCYTIAL VIRUS (RSV)

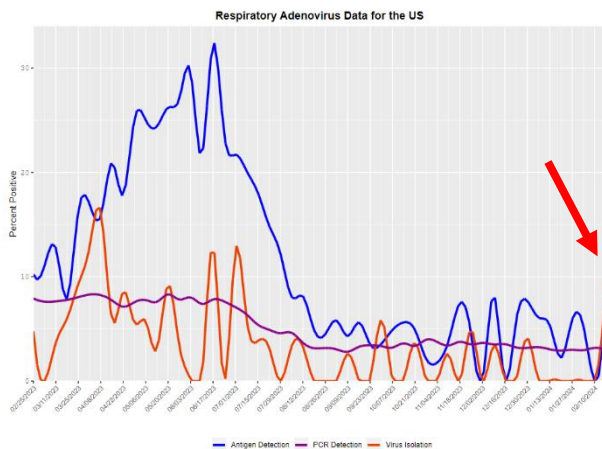
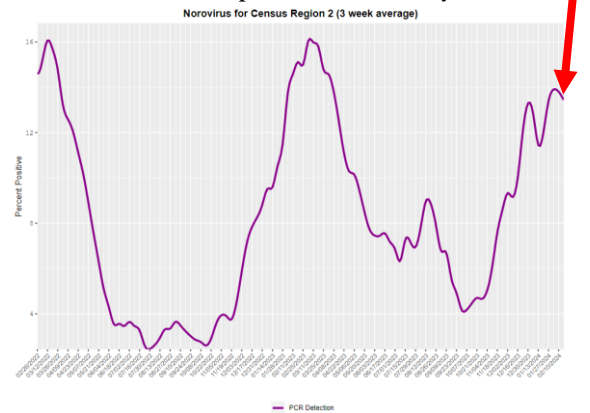
Nationally RSV positivity is on the downward trend, as well as in the state of Connecticut according to the NRVES. The district was notified of 228 (+16) laboratory-confirmed of influenza (96% type A, 2% type B, and 2% unknown), and 192 laboratory-confirmed cases of RSV in the CTEDSS database (see figure to the left) since September 1, 2023.



NATIONAL RESPIRATORY & ENTERIC VIRUS SURVEILLANCE SYSTEM (NREVSS)

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic circulation patterns (patterns occurring in time and place) of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), human metapneumovirus (HMPV), respiratory adenoviruses, human coronavirus, and gastrointestinal viruses: rotavirus, and norovirus. Participating laboratories report weekly to CDC the total number of tests performed that week, and the number of those tests that were positive. Middlesex and Yale are the only contributing health organizations in Connecticut that report respiratory and enteric virus surveillance data to the CDC. Data from NREVSS was updated February 17, 2024.

Norovirus test positivity took a slight dip in the Northeast (13.4%). The figure to the right illustrates the three week average percent positivity since February 22, 2022. Norovirus is the leading cause of vomiting and diarrhea, and foodborne illness in the United States. People of all ages can get infected and sick with norovirus, which spreads very easily and quickly. Norovirus can survive on surfaces for up to two weeks.



Adenovirus test

positivity for antigen and virus detection has spiked nationally to almost 10%. There are more than 50 serotypes of adenovirus. Adenoviruses most commonly cause respiratory illness. The illnesses can range from the common cold to pneumonia, croup, and bronchitis. Depending on the type, adenoviruses can cause other illnesses such as gastroenteritis, conjunctivitis, cystitis, and, less commonly, neurological disease. Adenoviruses are relatively resistant to common disinfectants and can be

detected on surfaces, such as doorknobs, objects, and water of swimming pools and small lakes (CDC).

Seasonal coronavirus CoVOC43 test positivity has increased slightly to 4.5% while CoVHku1, CoVNL63 and CoV229E remain below 1.5%. HPIV, rotavirus and human metapneumovirus detection data appear to show no concerning increases; all test positivity data as of February 22, 2024 is under 5%.

PREVENTION

The best way to prevent the spread of infectious respiratory or gastrointestinal illness is to:

- Cover your cough and sneezes,
- **Wash your hands often,**
- Get vaccinated,
- Stay home when you are ill,
- Wear a mask in crowded places,
- Minimize close contact with sick people,
- Eat healthy, well-balanced meals, and
- Stay hydrated.

FOOD RECALLS

The following foods are being recalled because they are contaminated. Please check your cupboards and throw out any of these items:

New this week:

- Enchiladas by Rico for for potential *Listeria monocytogenes* contamination
- Alipotect Raiz de Tejocote by Alipotec King and Brazil Seed Pute Natural Semilla de Brasil & Tejo Root, Raiz de Tejocote by H&Natural for poisonous yellow oleander

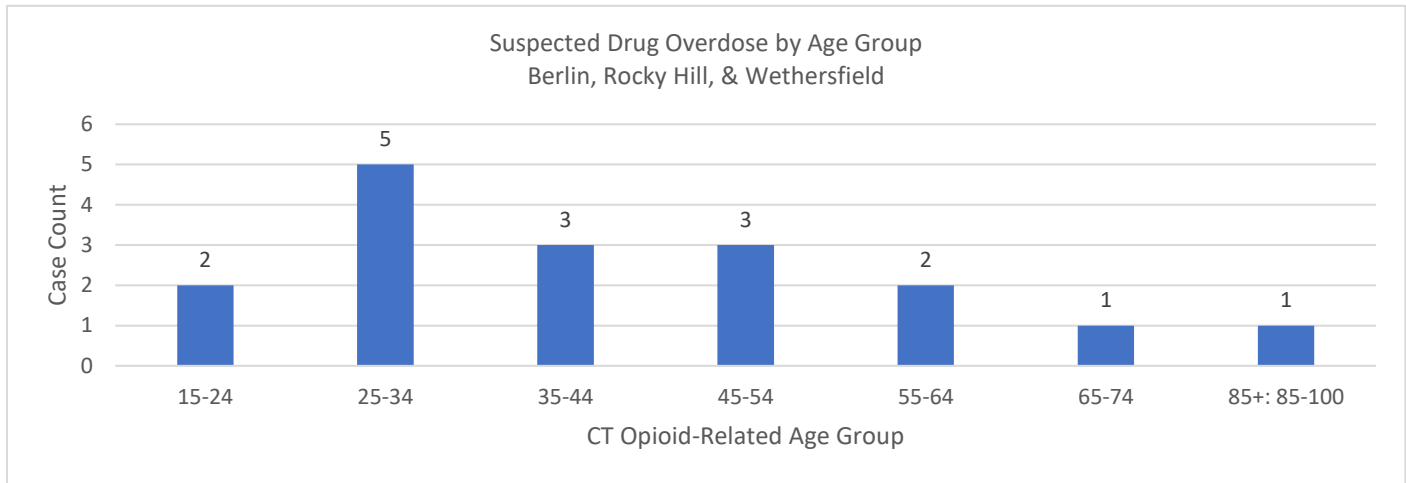
Previously reported:

- Raw Cheddar Cheese by Raw Farm LLC for potential contamination with E. Coli 0157:H7
- Cheese, yogurt, and sour cream by Rizo Brothers California Creamery expanded recall for potential *Listeria monocytogenes* contamination
- Sam Sung Soy Bean Sprouts by Nam & Son for potential *Listeria monocytogenes* contamination
- Quaker Chewy Dipps Llama Rama bars and more by The Quaker Oats Company for potential Salmonella contamination
- Robitussin Honey CF Max Day and Nighttime cough for microbial contamination
- Spinach and Salad Kits by BrightFarms for possible *Listeria monocytogenes* contamination.

For more information on recalls due to undeclared allergens please visit: <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts>

Suspected Drug Overdoses

The following data is from EpiCenter from January 1, 2024- February 25, 2024. EpiCenter is a syndromic surveillance system that receives “real” time data from hospital and urgent care center admissions and interactions. Only data for the towns of Berlin, Rocky Hill, and Wethersfield are available. Newington data has an anomaly that is being addressed due to a healthcare provider reporting error.



If you or someone you know struggles with substance use disorder, we encourage you to share the Live LOUD (Life with Opioid Use Disorder) resource: www.liveloud.org. Remember, our Clinical Health Services provides naran training and has fentanyl and xylazine test strips available for those at risk. Please contact lcoakley@ccthd.org for more information.

Do not forget to follow Central Connecticut Health District on social media!

FaceBook: <https://www.facebook.com/ccthd4/>

Twitter: <https://twitter.com/CCTHD>

Instagram: <https://www.instagram.com/centralcthealthdistrict/>

The Central Connecticut Health District is committed to improving the quality of life in our communities through prevention of disease and injury, fostering of a healthy environment, and promotion of the health of our residents.